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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <u>10/069598</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		2		/			53				
4		1		/			54				
5	/			/			55				
6		/		/			56				
7		2		/			57				
8		1		/			58				
9		1		/			59				
10		1		/			60				
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18		1		/			68				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.			25				TOTAL DEP.				
TOTAL CLAIMS			26				TOTAL CLAIMS				